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**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING FOR  
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

**June 13, 2023, 4:00 p.m.**  
**101 Grove Street, Room 300**  
**San Francisco, CA 94102 & via Webex**

**1. CALL TO ORDER**

Present: Commissioner Tessie Guillermo, Chair  
Commissioner Edward A. Chow, M.D., Member  
Commissioner Laurie Green, M.D., Member

Staff: Grant Colfax MD, Roland Pickens, Lucia Angel, Chuck Lamb, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Nawzaneen Talai, Neda Ratanawongsa MD, Sherri Soto, Terry Dentoni, Naveena Bobba MD

The meeting was called to order at 4:05pm.

**2. APPROVAL OF MINUTES FOR MEETING OF MAY 9, 2023**

**Public Comment:**

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

The May 9 minutes show I testified about the May "Regulatory Affairs Report" that reported another 13 allegations of abuse. The three "Anonymous Complaints" in the May report I addressed in these minutes, were clearly not "Facility Reported Incidents" (FRI's). I noted anonymous complaints may keep haunting LHH and leading to more "Immediate Jeopardies," and perhaps dooming LHH's efforts to become recertified because you have no idea what is being reported anonymously until CDPH shows up and issues you "Actual Harm" and "Immediate Jeopardy" citations CMS warned you not to get any more of. It appears that the CDPH inspection on May 5 involving an anonymous complaint may have involved another care plan violation of a patient having suicide ideation, which led to your May 8 "Immediate Jeopardy" citation. As Dr. Palmer testified to the Health Commission on 6/6/2023, "If immediate jeopardy citations continue, we will lose Laguna Honda Hospital."

Action Taken: The LHH JCC unanimously approved the May 9, 2023 LHH JCC meeting minutes.

### **3. GENERAL PUBLIC COMMENT:**

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

As I have testified, SFDPH's Public Records staff are unnecessarily slow walking my public records requests for documents related to LHH's decertification. Those documents are completed and should be made public immediately. During the Health Commission's 4/4/2023 Finance and Planning meeting, the monthly contracts report announced a \$5.8 million contract extension with Moss Adams Consulting. Moss Adams is mostly a bean-counter accounting firm. The contracts report says Moss Adams will support the flow of information within LHH's "Incident Command Structure." Why is there a problem with "information flow" within LHH's "Incident Command" structure consisting of SDHN staff Baljeet Sangha, Troy Williams, and LHH's managers, including CEO Pickens? Commissioners Chow and Guillermo were surprised on 4/4/2023 because they'd never heard Moss Adams was involved in LHH's recertification. The Commissioners asked the LHH-JCC being presented an update on Moss Adams; no update was presented to the LHH-JCC in May or June.

### **4. EXECUTIVE TEAM REPORT**

Roland Pickens, Interim Chief Executive Officer, presented the item.

#### Public Comment:

Melanie Grossman, Older Women's League, is advocating for older women to ensure they have a place to go. The report from Mr. Pickens is encouraging. The Older Women's League is advocating that the flow project, which created the current situation at LHH, be terminated. Traditionally, LHH has been able to evaluate patients and determine if they are appropriate for admission. She hopes LHH can return to this practice. She advocates that no LHH bed be taken up with drug addicted patients or mentally ill patients; she advocates for the city to offer more appropriate services outside of LHH for these populations

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

Congratulations to Sandra Simon for having been hired as LHH's new CEO and Nursing Home Administrator. Pickens' May 14 letter to DHHS/CMS claimed the "Consistent Care at the Bedside Initiative" at \$1 million-plus monthly was a new contract. A records requests shows it is a new initiative in HSAG's previous \$7.2 million contract awarded last February, which didn't mention any CCBI. Pickens' May 14 letter also reported "Despite 12 months of significant investments ... there continue to be instances where some LHH staff are at times unable to consistently and reliably deliver safe, regulatory-compliant, and policy-compliant care at the bedside." This is alarming. CMS' 5/18/123 letter warned LHH for a third time "ensure that no [more] immediate jeopardy occurs." Why is LHH still racking up "Immediate Jeopardies"? The Gantt chart on page 9 has changed, showing additional milestone actions through October. When will LHH submit its application for recertification?

Dr. Teresa Palmer provided verbal comments and submitted the following written summary:

Mr. Pickens notes in his executive report that "With ... a strong performance in our third Monitoring Survey, we will soon be able to apply for recertification." How soon? Are direct care staff still short and constantly moved around? If so, "Immediate Jeopardy" citations will continue.

It appears that few of the 40 plus residents who "no longer need nursing home care" have found placement. Lack of sufficient housing and treatment in San Francisco is one of the key reasons that Laguna Honda is in dangerous trouble. Will newly hired leaders have the resources to provide sufficient services? Will real support be provided to safely move residents out who no longer benefit from nursing home care? Will new LHH leaders be allowed to screen out new candidates for admission who are unsafe or inappropriate? Or will we lose LHH to business as usual?

Art Persyko, Gray Panthers, provided verbal comments and submitted the following written summary:

Mr. Pickens report says that LHH will be able to apply for recertification. How soon? If there aren't enough direct care staff and they're constantly moved around, "immediate jeopardy" citations may well continue. Will newly hired LHH leaders have the skills and resources to provide good quality services? (What are the CMS ratings for nursing homes at which Sandra Simon has been the administrator? And if they are low, why? And is that good enough for LHH?). Will adequate support be provided to safely transfer residents out who no longer benefit from nursing home care? Will new LHH leaders be allowed to screen out new candidates for admission who are unsafe or inappropriate? It appears that few of the 40 residents who "no longer need nursing home care" have found placement. It does not make sense for LHH to transfer out residents if no good housing and care options exist.

Norman Dageleman stated that immediate jeopardy citations will continue if LHH keeps moving its clinical staff around. Will newly hired LHH leaders have resources to support the discharge of residents who no longer need skilled nursing services? Will LHH leaders be able to screen out inappropriate admission referrals. It appears that none the 40 people who no longer need skilled nursing care have received appropriate transfers.

Michael Lyon, Gray Panthers, stated that San Francisco has no services for people like those at LHH who no longer need skilled nursing care, and they are sent out of county, which is terrible. There needs to be a process to communicate the status of these 40 people's discharge status. The DPH and Health Commission need to be more aggressive about taking over hotels or other facilities to convert them to board and care facilities. The DPH and Commission need to be more aggressive in preventing the drug war related to Fentanyl.

Commissioner Comments:

Commissioner Chow noted that Ms. Simon has impressive experience for the LHH leader and looks forward to meeting her. He noted there was no immediate jeopardy from the recent survey, adding that surveyors communicate that in the moment they find the issue.

Commissioner Chow asked for more information regarding how the Consistent-Care-at-Bedside Monitors (CCBM) program is implemented. Mr. Pickens stated that CCBM utilizes consultants who have worked as Directors of Nursing at skilled nursing facilities and embeds them in a neighborhood. This person partners with the neighborhood nurse manager, meeting every staff person in all three shifts and understanding each LHH resident's care plan. The CCBM consultant supports the nurse manager to oversee numerous tasks and responsibilities; this includes ensuring staff have the most recent information on regulatory compliance and policies. HSAG consultants are training the CCBM consultants and ensures they all have completed required LHH staff trainings.

Commissioner Green asked for more information regarding the timeline for recertification and asked if CMS has a timeline in which it is required to respond to the recertification application. Mr. Pickens stated that LHH is waiting for the results of the recent CMS 90-day survey to determine its timeline and readiness for recertification. CMS is supposed to return findings within 10 days, but they have generally not met these expected timelines during recent surveys.

Commissioner Green asked if the CCBM consultants will be working with LHH until recertification is achieved. Mr. Pickens stated that the CCBM consultants will continue through recertification.

Commissioner Green asked if Mr. Pickens thinks CMS will return its findings before the September 19 deadline for resuming mandatory LHH resident transfers. Mr. Pickens stated that LHH expects to apply for recertification early enough this summer to avoid issues with running into the September 19 deadline.

Commissioner Guillermo congratulated LHH for hiring Ms. Simon and other LHH leaders. She looks forward to meeting Ms. Simon as she is onboarded.

Commissioner Guillermo asked if the recent 90-day CMS survey will result in new milestones to achieve. Mr. Pickens stated that LHH is prepared to work on any issues that are identified in the survey process.

## **5. REGULATORY AFFAIRS REPORT**

Nawzaneen Talai LHH Chief Quality Officer, presented the item.

### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

This May "Regulatory Affairs Report" is worrisome, reporting CDPH Surveyors made three site visits investigating five anonymous complaints and one facility reported incident. The 5/1/23 site visit anonymous complaint may have resulted in the 5/8/13 "Immediate Jeopardy" citation involving care plans for residents expressing suicidal ideation. The Report notes during May, LHH submitted 18 Facility-Reported Incidents (FRI's) to CDPH, one involved LHH's "Grievance Official" filing CDPH Form SOC341 – "Report of Suspected Dependent Adult/Elder Abuse" on 5/10/2023 for staff failure to perform catheter irrigation and disinfection for a resident by a Float Nurse for four days reported in the QIE's fifth "Monthly Monitoring Report" dated 6/10/23. It's unknown whether the 5/31/23 FRI site visit involved the SOC341 reported catheter incident. Hopefully, that incident won't result in LHH getting another "Immediate Jeopardy," since LHH has been warned three times "I.J.'s" may result in CMS/CDPH declaring a material breach of the "Settlement Agreement."

Dr. Teresa Palmer provided verbal comments and submitted the following written summary:

The regulatory report states: "CDPH has initiated investigation into some of the cases...." but apparently is not on site daily and continues to have multiple "investigations not started" not only in 2023 but going back for years. It appears that LHH may be in continued jeopardy partly because CDPH is so understaffed and ineffective that LHH cannot receive timely investigations. Even [CMS, in its May 18 letter to Mr. Pickens](#) wanted the State to be more involved. How big a role does the lack of CDPH/State of California support play in this prolonged mess? I am sure CDPH is not looking forward to the statewide crisis in Medi-Cal nursing home beds that will occur if we lose LHH. What can be done?

Art Persyko, Gray Panthers, provided verbal comments and submitted the following written summary:

The Regulatory Affairs Report states: 'CDPH has initiated investigation into some of the cases.... but apparently is not on site daily and continues to have multiple investigations not started' not only in 2023, but going back for years. It appears that LHH may be in continued jeopardy, partly because LHH does not receive timely investigations from CDPH. Even CMS in its May 18 letter to Mr. Pickens wanted the State to be more involved. To what extent is CDPH and the State of California responsible for the problems at LHH that forced CMS to threaten to shut it down, transfer residents; and the stress, suffering and loss of life that resulted at LHH? The loss of LHH would be a disaster not just for SF and Northern California--it would cause a larger statewide Medi-Cal nursing home bed crisis than we have now! Please do all you can to prevent that!

Norman Dageleman, Gray Panthers, would like to echo Dr. Palmer's comments regarding the delay in CDPH completing investigations and giving feedback to LHH about reported incidents. He assumes CDPH would like to avoid a situation in which LHH is shut down and the state has to find placements for the hundreds of LHH residents.

### Commissioner Comments:

There were no Commissioner comments on this item.

## 6. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Data Analytics Manager, presented the item.

### Public Comment:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

It's troubling seeing in this Policy and Procedure update that Nursing Policy D 1.0, "Restorative Nursing Care," is being revised to "REMOVE the Therapy Aides, as they will no longer be part of the Restorative Program." In addition, the track changes revision marks in this policy show the Restorative Nursing program is being changed in other detrimental ways. The "Action Plan" deliverables for the Restorative Nursing program said a "gap analysis" would be completed by 1/25/2023 and a "Scope of Services Program Document" would be completed by 2/8/2023. Why is this Restorative Nursing policy being changed again suddenly in June? Have the "Restorative Therapy Aides" been returned to Rehabilitation Services Department supervision? As you recall, the Restorative Aides were moved from Rehab to Nursing in 2014 by Jennifer Carton-Wade. Why hasn't LHH updated this LHH-JCC on the Rehab Services Department's "Restorative Care Level I" program? Is that program still functioning?

### Commissioner Comments:

Commissioner Green thanked staff for answering her questions via email prior to the meeting and is delighted to see activities for dementia patients.

Commissioner Chow asked for more information on LHH restorative services. Mr. Pickens stated that there is a restorative process within LHH rehabilitation services in which therapists work with residents. Nurses may simultaneously be working with the same patients, so they do not lose the progress achieved with therapists. Terry Dentoni, LHH Acting Chief Nursing Officer, stated that LHH will be offering these restorative nursing services every day of the week at the bedside.

Commissioner Chow asked if it is the same therapists at the gym and beside. Ms. Dentoni stated that therapists generally work at the gym and nurses at the bedside. The two departments work in tandem with patients.

Action Taken: The LHH JCC voted unanimously to recommend that the full Health Commission approve the following items:

### **JUNE 2023**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	23-03	Screening and Response to Suicidal Ideation
2	Facility-wide	25-15	Medication Administration
3	Facility-wide	20-04	Discharge and Transfer Process
4	Facility-wide	20-06	Level of Absence (LOA), Out on Pass (OOP) and Bed Hold
5	Facility-wide	22-13	Bed Rail Use
6	Facility-wide	22-14	Resident Activities
7	Facility-wide	24-10	Coach Use for Close Observation
8	Facility-wide	45-01	Gift Fund Management
9	Facility-wide	45-02	Employee Development Fund
10	Facility-wide	45-03	Donations
11	Facility-wide	70-01 B1	Emergency Response Plan
12	Activity Therapy	A2	Scope of Services
13	FNS	1.01	Food and Nutrition Services Scope
14	Nursing	A 2.0	Nursing Services: Organization, Authority/ Responsibility and Operations

15	Nursing	A 4.0	Nursing Clinical Competency Program
16	Nursing	A 6.0	Orientation of Nursing Personnel
17	Nursing	D 1.0	Restorative Nursing Care
18	Nursing	G 7.0	Obtaining, Recording and Evaluating Residents Weights
19	Nursing	N/A	Nursing Educational Programs
20	Nursing	J 1.0	Medication Administration

## 7. CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session. (Action Item)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

### CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

### CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS AND PEER REVIEWS

### QUALITY IMPROVEMENT MEDICARE RECERTIFICATION UPDATE AND QUALITY IMPROVEMENT CLOSURE PLAN UPDATE

## RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non- Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)
2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

## 8. FOR ACTION: POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The LHH JCC voted unanimously to not disclose discussions held in closed session.

## 9. ADJOURNMENT

The meeting was adjourned at 6:26pm.